Results FPE was achieved in 43.1% of MT procedures (44/102). Overall, double-SR achieved a non-significantly higher %FPE than single-SR (49% vs. 37.2%, p=0.230). The difference between techniques was not clearly evidenced on the right side of the anatomy (39.1% vs 47.8%; p=0.552). However, double-SR significantly outperformed single-SR on the left side (57.1% vs 28.6%, p=0.031), where 25% of MCA occlusions (10/40) extended into both M2 divisions, and the presence of the saddle thrombus lead to procedural failure of single-SR.

Conclusions Under certain anatomical conditions, the double-SR technique combined with distal aspiration may induce a higher%FPE than single-SR. The perus of using double-SR as the primary approach are highlighted when treating saddle occlusions.

REFERENCES

Do you have any conflict of interest to declare?: No

P62 CONTINUING EARLY MTICI2B REPERFUSION DURING MECHANICAL THROMBECTOMY IS NOT BENEFICIAL FOR ALL PATIENTS
1P Steffen*, N van Horn, 2R McDonough, M Deb-Chatterji, 1A Alegiani, G Thomalla, 1H Feihler, 2Flottmann. 1University Medical Center Hamburg-Eppendorf, Department for Diagnostic and Interventional Neuroradiology, Hamburg, Germany; 2University of Calgary, Foothills Medical Center, Department of Clinical Neurosciences, Calgary, Canada
10.1136/neurintsurg-2022-ESMINT.83

Introduction Successful reperfusion (mTICI2c/3) and a low number of passes are key determinants for good clinical outcome in acute stroke patients since the number of retrieval attempts correlate negatively with functional outcome. Final mTICI2c/3 is superior to final mTICI2b(3), but it remains unclear if this is true for the subgroup of patients with early (≤2 retrieval attempts) mTICI2b reperfusion who are secondarily improved to mTICI2c/3.

Aim of this Study The goal of this study was to analyse if patients benefit clinically when early mTICI2b was continued.

Methods 362 consecutive patients with acute stroke due to M1-occlusion who received MT were retrospectively analysed. mTICI score was assessed after each retrieval attempt and patients with early mTICI2b were dichotomized in “mTICI2b-stopped” (MT was stopped after early mTICI2b) and “mTICI2b-continued” (MT was continued after early mTICI2b). Groups were compared with primary endpoint being modified ranking scale after 90 days (mRS90).

Results 100/362 patients with a M1-occlusion fulfilled the inclusion criteria. 78 were included in “mTICI2b-stopped” and 22 in “mTICI2b-continued”. 50% of the patients in “mTICI2b-continued” were secondarily improved to mTICI2c/3. No significant differences were found between the two groups regarding good clinical outcome at mRS90 (OR 0.75, 95%CI 0.19–2.87, p=0.67). Symptomatic intracranial hemorrhage was significantly higher in “mTICI2b-continued” compared to “mTICI2b-stopped” (31.8% vs. 10.3%, p=0.031).

Conclusion Continuing MT after early mTICI2b might improve functional outcome of the patients who are successfully converted to mTICI2c/3 but an increase in complications due to further retrieval attempts may diminish the potential functional benefit.

REFERENCES

Do you have any conflict of interest to declare?: Yes
Conflict of Interest Statement Dr. Thomalla reports personal fees from Acandis, grants and personal fees from Bayer, personal fees from Bristol Myers Squibb/Pfizer, personal fees from Boehringer Ingelheim, personal fees from Daiichi Sankyo, personal fees from Portola, and personal fees from Stryker outside the submitted work. Dr. Feihler reports grants and personal fees from Acandis, grants and personal fees from Cerenovus, grants and personal fees from Medtronic, grants and personal fees from Microvention, personal fees from Penumbra, and personal fees from Phenox outside the submitted work; and chief executive officer of Eppdata. Dr. Flottmann reports personal fees from Eppdata GmbH outside the submitted work. The other authors report no conflicts.

P63 CAROTID STENTING VERSUS CAROTID ENDARTERECTOMY FOR SYMPTOMATIC CAROTID WEB: A SYSTEMATIC REVIEW AND META-ANALYSIS
1M Benger*, N Mansoor, S Sciaccia, J Siddiqui, P Balsalundaram, N Kandasamy, T Booth, J Lynch. Kings College Hospital, Department of Neuroimaging, London, UK
10.1136/neurintsurg-2022-ESMINT.84

Introduction Carotid webs are increasingly recognised as a cause of recurrent stroke even in patients receiving anticoagulant or antiplatelet therapy. Carotid stenting (CAS) and endarterectomy (CEA) have both been used to treat the disease but the optimal therapy has not yet been established.

Aims of study To compare outcomes of CAS and CEA to treat carotid web in the published literature using systematic and meta-analytic techniques.

Methods The review was prepared in accordance with PRISMA guidelines. A systematic search was performed in the PubMed, EMBASE, and the Cochrane CENTRAL Library for all published studies on the treatment of symptomatic carotid web up to January 1 2022. Studies reporting procedural technical details and outcomes including disease recurrence, perioperative complications, and mortality were included.

Results 33 published items were identified including 133 patients. There were no prospective randomised controlled trials and all studies were retrospective case series. 68% of patients underwent CAS and and 32% CEA. The mean age of CAS patients was 41 years and CEA patients 53 years. Technical success of the procedure was 100% in both groups and there were no recurrent stroke or TIA's in follow up period. There were no deaths reported at 30-days or at long term follow-up.